Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

0630-1356P

CLAIMS AS FILED - PART I (Column 1)				-	(Column 2) SMALL ENTITY			ITITY	OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2				Γ	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	2 minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	column 2	L	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALLE	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 6	Minus	*6	0	=		X\$ 9=		OR	X\$18=	\$
AME	Independent	* ENTATION OF MI	Minus	***	2 ECLAIM	=	+ [X42=		OR	X84=	-1
			· .	LINDLIN	OB till		-	+140=.		OR	+280=	•
							_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	_			•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	\prod	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	4 [X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	PENDENI	CLAIM		┚┞	+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=	_	OR	X\$18=	
AME	Independent	*	Minus	***		=-	1	X42=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF MI	JETIPLE DEI	PENDENT	CLAIM		┙┞	140				
*	f the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2, write	e "0" in col	lumn 3.	L	+140=		OR .	+280=	·
**	f the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE I	s less tha	n 20, enter "20)." Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Best Available Copycation or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Dep cation or Docket Number

9/986680

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
TOTAL CLAUGO			(Column 1) (Column 2)				TYPE				ENTITY	
TOTAL CLAIMS			ļ					RATE	FEE		RATE	FEE
FOR			NUMBER FILED NUM			BER EXTRA		BASIC FE	385	OR	BASIC FEE	OTTE
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$ 4 =		OR	X\$18:=	·
Ι}	DEPENDENT C	minus 3 = *					X43=		OR	X8b=		
L	ULTIPLE DEPE	NDENT CLAIM F	RESENT					+145=	1	OR	+290=	
* !	f the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	. 9	Minus	** 2	0	=		X\$9≡		OR	X\$i8=	
AM	Independent	* Z	Minus	PENDENT	CLAIM			X43-		OR	126	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+(45=	1	OR	+3A0=			
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	J
_		(Column 1) CLAIMS	an ellinest apples	(Colum		(Column 3)	-					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		x19=		OR	X\$/8=	
AM	Independent	* NTATION OF MU	Minus	***	CL AUA	=-		X43=		OR	×86-	
	VIIIOV TILLOE	INATION OF MIC		CINDENT	CLAIM			+145=		OR	tJ90=	
	· ·				•		Al	TOTAL DDIT. FEE		or ,	TOTAL ADDIT: FEE	
		(Column 1)		(Colum		(Column 3)			•			
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	, **		= .		x\$9=		OR	X\$(8=	
	Independent		Minus	***	OL A114	=		X43= ·		OR	×86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ 45=		ı	+ 3 96= :	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL DDIT. FEE		OR [OR ,	TOTAL	
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												